

# Satellite Accumulation Area (SAA) Reminders

(post by your SAA)

- Notify ESD Safety Coordinator Vivi Fissekidou (x5610) before setting up or dismantling an SAA
- Any container of **hazardous waste must be in the SAA**
- Clearly delineate the SAA, and do not store anything that is NOT hazardous waste in the SAA
- Maintain 28" (min) pathway between SAA and egress
- Each container must have red and white **"Hazardous Waste" label completely filled out**
- Put liquid wastes and wastes in glass containers in **secondary containment**
- Containers must be compatible with waste
- Incompatible wastes must be **properly segregated**, including separate secondary containment. (Separate wastes that may react if mixed, e.g., acids/bases, organics/oxidizers, water/reactives)
- Put ignitable liquid wastes **greater than 1 quart (1 pint if BP<100F, FP<73F) in red "flam can"**
- Keep waste containers **closed when not adding or removing waste**
- More info/questions check the EH&S Waste Management Website: <http://www.lbl.gov/ehs/waste/index.shtml>
  - SAA links at ESD EH&S website:  
<http://www-esd.lbl.gov/ESDEHS/saa.html>
  - Howard Hansen ([HLHansen@lbl.gov](mailto:HLHansen@lbl.gov), x5867, Pager: 840-7925) Waste Generator Assistant
  - Vivi Fissekidou ([VAFissekidou@lbl.gov](mailto:VAFissekidou@lbl.gov), x5610) ESD Safety Coordinator

Requisition waste pick-up when container becomes full or **within 6 months of SAA start date** (ESD requirement)

Fax requisition for hazardous waste pickup to x4838 or use electronic requisition:

<https://ehswprod.lbl.gov/shoebox/login.asp>

HAZARDOUS WASTE			
HANDLE WITH CARE!			
Generator _____	Name _____	Phone # _____	Phone# _____
Building _____	Bldg No. _____	Room _____	Room No. _____
Contents _____	Description of waste _____	Hazardous properties Check all that apply	
SAA start date _____	Start Date _____	<input type="checkbox"/> Toxic	Check ALL that apply.
WAA receipt or start date* _____		<input type="checkbox"/> Corrosive	
		<input type="checkbox"/> Ignitable	
		<input type="checkbox"/> Reactive	
HAZARDOUS WASTE HANDLING FACILITY USE ONLY		<input type="checkbox"/> Other _____	
HWHF receipt date _____		<input type="checkbox"/> Solid	Check ALL that apply.
Disposal requisition # _____		<input type="checkbox"/> Liquid	
Sample analysis # _____		<input type="checkbox"/> Gas	
*Receipt Date from SAA or Accumulation Start Date in the WAA Berkeley Laboratory 1 Cyclotron Rd., Berkeley, CA 94720			

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